STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVIVA MERRILLVILLE	7900 RHODE ISLAND STREET, MERRILLVILLE, , 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake 468671. Intake 468671 - State deficiency related to the allegations is cited at R0090. Survey date: March 19, 2026 Facility number: 013733 Residential Census: 55 This State Residential Finding is cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on 3/20/26.	R 0000	This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulations. The Administrator will ensure all corrective action in the following Plan of Correction has been completed.	
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the	R 0090	**R 090** 1. The incident regarding resident B was reported to IDOH immediately during the state survey	04/01/2026

	administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:		complaint IN00468671 on 03/19/2026. Both residents still reside at the facility and have had no noted adverse effects related to the deficient practice. 2. To determine if other residents may have been affected all grievance forms over the last 6 months will be reviewed by the administrator or his/her designee. Immediate action will take place if a grievance report is deemed to need further investigation. Action to include additional investigation by the Administrator or his/her designee and reporting of the incident to the proper authorities. The residents affected and his/her responsible party will be notified of any additional findings regarding the review of the grievance reports. IDOH will be notified. 3. All Management staff responsible for investigating and reporting allegations of abuse and neglect have received proper training regarding AVIVA’s Policy and Procedures to include specifics for identifying potential abuse, reporting abuse, investigating alleged	

	(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the Indiana Department of Health (IDOH) timely, related to a resident to resident non-consensual kiss and touch for 1 of 4 residents reviewed for abuse. (Resident B) Finding includes: Resident B's record was reviewed on 3/19/26 at 10:48 a.m. The diagnoses include, but were not limited to, dementia. A Service Plan/Assessment, dated 1/30/26, indicated a		abuse, preventing abuse and IDOH state rules related to incident reporting. 4. All grievance reports will be reviewed by the administrator or his/her designee to assure that any report of alleged abuse or neglect is thoroughly investigated and reported per AVIVA's policy and IDOH state rules related to incident reporting. Administrator or his/her designee will review every grievance report and report quarterly to the quality assurance committee on the results of this review for 6 months or until a pattern of compliance is obtained. 5. All systemic changes will be completed by 04/20/2026.	

	moderately impaired cognitive status, long and short term memory problems. A Grievance, dated 2/20/26, indicated the Responsible Party for a male resident was concerned with a female resident who was kissing the resident and rubbing his leg. During an interview on 3/19/26 at 10:21 a.m., the Executive Director indicated the Responsible Party reported the female resident had kissed the male resident and no staff had seen the kiss or the rubbing of the leg occur. A Grievance was made out and the allegation had not been reported to the IDOH. A facility abuse policy, dated 1/22/21, and received from the Executive Director as current, indicated sexual abuse included non-consensual touching or other sexual activities. The Executive Director was responsible for maintaining compliance with the abuse reporting requirements. This citation relates to Intake 468671.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREMeriam Hillis	TITLEExecutive Director	(X6) DATE04/06/2026